

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		3				
8		3				
9		3				
10		3				
11		1				
12		1				
13		1				
14		1				
15		4				
16		4				
17		4				
18		4				
19		4				
20		1				
21		1				
22		1				
23		3				
24		3				
25		3				
26		3				
27		1				
28		1				
29		1				
30		1				
31		4				
32		4				
33		4				
34		4				
35		4				
36		1				
37		1				
38		1				
39		2				
40		2				
41		2				
42		2				
43		1				
44		1				
45		1				
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

51		1				
52		1				
53		1				
54		3				
55		3				
56		1				
57		1				
58		1				
59		1				
60		4				
61		4				
62		1				
63		1				
64		1				
65		3				
66		3				
67		1				
68		1				
69		1				
70		1				
71		4				
72		4				
73		1				
74		1				
75		1				
76		2				
77		2				
78		1				
79		1				
80		1				
81		1				
82		3				
83		1				
84		1				
85		1				
86		2				
87		2				
88		1				
89		1				
90		2				
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99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
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TOTAL CLAIMS						

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						